## **CDM-MOC-FORM: ANNEX 2**

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:			19/02/2015	
SECTION 1: CD	M PROJECT/PROG	RAMME OF ACTIVITIES	DETAILS	
Title of the project / programme of activities:		Kainji Hydropower Rehabilitation Project, Nigeria		
Project / programme of activities reference number:		7726		
SECTION 2: ADDITIO		GAL NAME OF A PROJEC (TY/IES	T PARTICIPANT	
Add project participant entity Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	ant or is newly named in respe	ct of the above CDM	
Name of entity: Enel Trade SpA				
Address: Viale Regina Margherita 125, 00198 00198 Rome Italy				
<b>Party (country authorizing participation):</b> Italy				
End-date of participation:	■ N/A (participation	is not limited in time) dd/mn	n/yyyy	
Contact details (primary authoriz	ed signatory):	Mr. 🔲 Ms. 🛛		
Last name: Vitto		Telephone 1:		
First name: Viviana		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authoriz	zed signatory):	Mr. 🛛 Ms.		
Last name: Di Battista		Telephone 1:		
First name: Maurizio		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Add project participant entity				
Change legal name of project p The following entity is hereby add project / programme of activities. acceptance of the current modalit	led as a project particip By providing a specime	oant or is newly named in respe	ct of the above CDM	
Name of entity: Electrabel SA				
Address: Boulevard Simon Bolivar 34-36, 1000 Brussels, Belgium 1000 Brussels Belgium				
<b>Party (country authorizing partic</b> Belgium	ipation):			
End-date of participation:	⊠ N/A (participation	is not limited in time) dd/mn	n/yyyy	

## **CDM-MOC-FORM**

Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Nore	Telephone 1:	
First name: Nicolas	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: VERBEKE	Telephone 1:	
First name: Vincent	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Signature(s) of the focal point for scope of authority (</b> Name of authorized signatory:	(b) Signature	Date: dd/mm/yyyy
		Date: dd/mm/yyyy